



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

SUICIDE PREVENTION PLAN ADVISORY COMMITTEE APPLICATION

Objective: To bring together a diverse Committee representing California's ethnically and culturally diverse population to develop recommendations for a suicide prevention strategic plan.

Name:		Date:
Address:		Telephone Number: ()
E-mail Address:	Organization (If applicable): Position:	

Please select your current or past status, occupation or employment (check all that apply):

<input type="checkbox"/> Mental Health Consumer
<input type="checkbox"/> Family Member of Mental Health Consumer
<input type="checkbox"/> Researcher
<input type="checkbox"/> Faith Based/Spiritual Organization (Specify):
<input type="checkbox"/> Advocacy Organization (Specify Name):
<input type="checkbox"/> Current Student (Specify Level):
<input type="checkbox"/> Crisis Response Provider (Specify Role):
<input type="checkbox"/> Mental Health Provider (Specify Org. Name):
<input type="checkbox"/> Ethnic/Cultural Org Affiliation(s) (Specify Org.):
<input type="checkbox"/> Health (Sector/Specialty):
<input type="checkbox"/> Pre-K-12 Education (Level/Specialty):
<input type="checkbox"/> Higher Education (System/Specialty):
<input type="checkbox"/> Law Enforcement (Branch):
<input type="checkbox"/> Foundation (Specify Name):
<input type="checkbox"/> Local Government (Specify):
<input type="checkbox"/> Community Based Org/Non-Profit (Specify Name):
<input type="checkbox"/> Statewide Association (Specify Name):
<input type="checkbox"/> Other (Specify):
If selected, would you formally represent a particular organization(s)? If so, please identify:



1. Please briefly describe your suicide prevention experience/expertise and your specific role, especially with particular age groups, diverse and underserved communities.

2. Please share a few ideas about what could be done to reduce and/or prevent suicide in California.

3. The work you may do as a member of the Suicide Prevention Advisory Committee will require an awareness of and sensitivity to ethnicity, age, culture- including client and family member cultures - language, gender, sexual orientation, and the needs of other diverse communities. Please tell us what uniquely qualifies you to demonstrate the necessary awareness and sensitivity in these areas.



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All Committee meetings will be held in Sacramento. If selected, are you available to attend day long meetings on the following dates?

6/14/07	7/12/07	8/9/07	11/8/07	11/29/07	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Complete Applications Must Be Received by:
May 3, 2007

(Please attach your resume if applicable.)

Applications accepted via mail, fax or email:

California Department of Mental Health
Prevention and Early Intervention Branch
Attn: Bertha MacDonald
1600 9th St, Rm 350
Sacramento, CA 95814

Fax: (916) 654-2739

Email: bertha.macdonald@dmh.ca.gov

Phone: (916) 651-0693 or (916) 653-2358

Please direct questions regarding the Committee or meeting logistics to the Department of Mental Health (email and phone provided above).